

<div>Maryland Police and Correctional Training Commissions</div> <div>6852 4th Street, Sykesville, MD 21784 • (410) 875-3400</div> <div>Submit to: MPCTC.Certifications@maryland.gov</div>				MPCTC USE ONLY					
				FP Review:					
				Certification Number:					
				Date Certified:					
APPLICATION FOR POLICE CERTIFICATION									
APPLICANT (Please Type or Print clearly):									
Last Name:		Reefer		MI:	A		First Name:	Anthony	
Maiden/Former Name:						Date of Birth:		/ /1980	
Certification Number:						Date of Appointment:		5/22/2020	
Agency Name:		Metro Transit Police				Agency Code:		241	
THIS APPLICATION IS FOR:									
<div><input type="checkbox"/> Original Certification in Maryland</div> <div><input checked="" type="checkbox"/> Re-Certification</div> <div>If re-certification within 90 days of separation from previous MD Police agency refer to COMAR 12.04.01.08B(1), .15 and .16.</div> <div>If re-certification over 90 days of separation from previous MD Police agency refer to COMAR 12.04.01.08B(2), .15 and .16.</div>									
<div>Was applicant ever employed as a police officer in another state?</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter name of state(s):</div>									
<div>Rank Title:</div> <div><input checked="" type="checkbox"/> Entry Level <input type="checkbox"/> Above 1st Line Supervisor <input type="checkbox"/> Above 1st Line Administrator</div> <div><input type="checkbox"/> 1st Line Supervisor <input type="checkbox"/> 1st Line Administrator</div>									
SECTION #1 – AGE REQUIREMENT (COMAR 12.04.01.04A)									
<input checked="" type="checkbox"/> Applicant is 21 years old or older.									
SECTION #2 – CITIZENSHIP STATUS (COMAR 12.04.01.04B)									
<div><input checked="" type="checkbox"/> U.S Citizen: Place of Birth : Brooklyn, NY or</div> <div><input type="checkbox"/> Naturalized Citizen: Date: Number: or</div> <div><input type="checkbox"/> Permanent Legal Resident: Date: Number: and</div> <div><input type="checkbox"/> Has applied for US Citizenship: Date: (complete Section #9).</div>									
SECTION #3 – SPECIAL POLICE COMMISSION (COMAR 12.04.01.05A)									
<div><input type="checkbox"/> Applicant has a Special Police Commission by the State of Maryland</div> <div>Number: Expiration date:</div>									
SECTION #4 – EDUCATION (COMAR 12.04.01.04C)									
<div><input checked="" type="checkbox"/> High School Diploma/Transcript or College Transcript or: Name of School: Abraham Clark High School Date: 5/30/2020</div> <div><input type="checkbox"/> Equivalency Certificate (GED) or: Name of School: Date:</div> <div><input type="checkbox"/> Military GED: Name of School: Date:</div>									
SECTION #5 – SUBSTANCE ABUSE BY APPLICANT (COMAR 12.04.01.16)									
<div><input checked="" type="checkbox"/> Meets prior drug use standards. Ken Shaw 6/3/2020</div> <div>(any Supplemental information must be submitted to MPCTC) Polygraph or voice examiner Date</div>									

Last Name: Reefer

MI: A

First Name: Anthony

SECTION #6 – PHYSICAL EXAMINATION (COMAR 12.04.01.04F)☒ **Physically fit to perform duties of a Law Enforcement Officer:**Name of certifying professional: Dr. Solaide AkintadeDate: 6/22/2020☒ **Mentally fit to perform duties of a Law Enforcement Officer:**Name of certifying professional: Dr. Caren DeBernardoDate: 7/9/2020**SECTION #7 – DRUG SCREENING (COMAR 12.04.01.15)**☒ **Drug Screening successfully completed.** Quest

Name of testing laboratory

6/22/2020

Date

SECTION #8 – CRIMINAL HISTORY (COMAR 12.04.01.05B)

Local check may be by N.C.I.C, all others by fingerprints:

☒ **FBI** Date: 8/10/2020☒ **State** Date: 8/7/2020☒ **Local** Date: 8/6/2020**SECTION #9 – MILITARY SERVICE (COMAR 12.04.01.05A)**☒ **Current military status** (type of discharge if applicable): Honorable, USMCDate: 9/2/2020☐ **No military service history – confirmed by** (name of investigator): _____

Date: _____

SECTION #10 – DRIVING HISTORY (COMAR 12.04.01.04I)☒ **Valid Operator's License #:** R- [REDACTED]☒ **State of issue:** Maryland☒ **Review of Operator Record****SECTION #11 – CREDIT HISTORY (COMAR 12.04.01.05A)**☒ **Credit agency report:** Credit agency name: EquifaxDate: 8/6/2020**SECTION #12 – INTERVIEWS AND CONTACTS (COMAR 12.04.01.05A)**

A minimum of 1 person must be interviewed/contacted in each category.

☒ **Oral interview with employing agency:** Name: Beau PerrizoDate: 9/2/2020☒ **Personal references:**Name: C [REDACTED] Y [REDACTED]Date: 7/16/2020☒ **Current/Prior employer** (within last 5 years):Name: R [REDACTED] T [REDACTED]Date: 8/24/2020☒ **Neighbors** (within last 5 years):Name: J [REDACTED] M [REDACTED]Date: 7/20/2020☒ **Current/Past co-workers** (within last 5 years):Name: R [REDACTED] N [REDACTED]Date: 9/1/2020☐ **School background:**

Name: _____


Date: _____

☒ **No school contact because more than 5 years has elapsed since last school attendance.**If additional contacts were made please attach a separate sheet with names, dates and for which category they were contacted and check here. ☐**SECTION #13 – REAPPOINTMENTS (COMAR 12.04.01.08)**

A brief explanation as to the circumstances surrounding the departure of the applicant from a previous agency. Full detail must be maintained in the applying agency's background investigation file.

Name of former agency: Metro Transit PoliceDate: 9/2/2020Name of person contacted at former agency: Beau PerrizoDate applicant left: 10/30/2018Explanation: Applicant was indicated for assault/misconduct 7/20/2018. IA investigation sustained multiple charges and terminated applicant. Arbitration Board ordered reinstatement 5/12/2020.If additional space is needed attach a separate sheet with additional information and check here ☒.

I hereby affirm that the information provided in this Application for Police Certification is true and accurate to the best of my knowledge and contains no willful misrepresentation or falsification. I am aware that any misrepresentation or falsification of this information may subject me to prosecution pursuant to MD. Code. Ann., Crim. Law §8-606.

Agency Representative: Beau PerrizoSignature: Date: 9/2/2020Representative email: bperrizo@wmata.comPhone: 202-725-5982